

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS2567NTC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/03/2010
NAME OF PROVIDER OR SUPPLIER NEVADA TREATMENT CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1721 E CHARLESTON BLVD LAS VEGAS, NV 89104		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 00	INITIAL COMMENTS Surveyor: 21044 This Statement of Deficiencies was generated as the result of a State Licensure survey conducted at your facility on 2/3/10 The State Licensure survey was conducted in accordance with Chapter 449, Facilities for Treatment with Narcotics; Medication Units. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.	N 00		
N169 SS=F	449.1548(4) OPERATIONAL REQUIREMENTS In addition to all other requirements set forth in NAC 449.154 to 449.15485, inclusive, each facility for treatment with narcotics and each medication unit shall: 4. Be in full compliance with all applicable provisions of 42 C.F.R. Part 8, all other applicable federal laws and regulations and all other requirements of the SAMHSA and the DEA. This Regulation is not met as evidenced by: Surveyor: 21044 42 Code of Federal Regulations 8.12 Federal opioid treatment standards	N169		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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N169	Continued From page 1 (c) Continuous quality improvement. (1) An OTP must maintain current quality assurance and quality control plans that include, among other things, annual reviews of program policies and procedures and ongoing assessment of patient outcomes. (4) Initial and periodic assessment services. Each patient accepted for treatment at an OTP shall be assessed initially and periodically by qualified personnel to determine the most appropriate combination of services and treatment. The initial assessment must include preparation of a treatment plan that includes the patient's short-term goals and the tasks the patient must perform to complete the short-term goals; the patient's requirements for education, vocational rehabilitation, and employment; and the medical, psychosocial, economic, legal, or other supportive services that a patient needs. The treatment plan also must identify the frequency with which these services are to be provided. The plan must be reviewed and updated to reflect that patient's personal history, his or her current needs for medical, social, and psychological services, and his or her current needs for education, vocational rehabilitation, and employment services. (e) Patient admission criteria -(1) Maintenance treatment. An OTP shall maintain current procedures designed to ensure that patients are admitted to maintenance treatment by qualified personnel who have determined, using accepted medical criteria such as those listed in the Diagnostic and Statistical Manual for Mental Disorders (DSM-IV), that the person is currently addicted to an opioid drug, and that the person became addicted at least 1 year before admission for treatment. In addition, a program physician shall ensure that each patient voluntarily chooses maintenance treatment and	N169		

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N169	<p>Continued From page 2</p> <p>that all relevant facts concerning the use of the opioid drug are clearly and adequately explained to the patient, and that each patient provides informed written consent to treatment.</p> <p>Based on record review and interview on 2/3/10, the facility was not in compliance with 42 Code of Federal Regulations (CFR), Part 8 by not conducting a variety of emergency drills and by not ensuring that 4 of 20 patients underwent a physical examination conducted by a physician prior to administering the first dose of methadone.</p> <p>Findings include:</p> <p>The policy and procedure manual was reviewed. The manual contained written procedures for a variety of emergency drills such as, Fire, Earthquake, Bomb Threats, Explosives, Hazardous Spills or Leaks, Utility Failures and Floods. The emergency drills for the past 12 months was reviewed. The information revealed the facility conducted two fire drills on 2/13/09 and 8/31/09 and two earthquake drills on 3/13/09 and 9/25/09. There was no record the facility had conducted any other emergency drills listed in the procedure manual to prepare employees in the event of an emergency other than a fire or earthquake.</p> <p>Patient #10 - The patient's file revealed a physician's note dated 1/13/10 to admit the patient to the clinic. The admission note indicated the patient was to receive a split dose of methadone and the medication administration record confirmed the patient received the ordered dose on 1/13/10. The patient's file revealed the physician did not perform a physical examination</p>	N169		

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N169	<p>Continued From page 3</p> <p>until 1/19/10; six days later.</p> <p>Patient #11 - The patient's file revealed a physician's note dated 7/21/09 to admit the patient to the clinic. The admission note indicated the patient was to receive a split dose of methadone and the medication administration record confirmed the patient received the ordered dose on 7/21/09. The patient's file revealed the physician did not perform a physical examination until 8/4/09; 13 days later because the physician was on vacation.</p> <p>Patient #15 - The patient's file revealed a physician's note dated 11/12/09 to admit the patient to the clinic. The admission note indicated the patient was to receive a split dose of methadone and the medication administration record confirmed the patient received the ordered dose on 11/12/09. The patient's file revealed the physician did not perform a physical examination until 12/3/09; 21 days later.</p> <p>Patient #16 - The patient's file revealed a physician's note dated 10/22/09 to admit the patient to the clinic. The admission note indicated the patient was to receive a split dose of methadone and the medication administration record confirmed the patient received the ordered dose on 10/22/09. The patient's file revealed the physician did not perform a physical examination until 10/27/09; 5 days later.</p> <p>The program sponsor reported patients were to receive a physical examination by the physician prior to receiving methadone. She reported she was aware that one patient had been admitted to the clinic while the physician was on vacation, but did not know that three other patients had been admitted before seeing the physician.</p>	N169			

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N169	Continued From page 4 Severity: 2 Scope: 3	N169		
N174 SS=F	<p>449.1548(9) OPERATIONAL REQUIREMENTS</p> <p>In addition to all other requirements set forth in NAC 449.154 to 449.15485, inclusive, each facility for treatment with narcotics and each medication unit shall:</p> <p>9. Develop and maintain a system to ensure that prospective and existing clients are not receiving narcotics from any other facility for treatment with narcotics or any other medication unit.</p> <p>This Regulation is not met as evidenced by: Surveyor: 21044</p> <p>Based on record review and interview on 2/3/10, the facility failed to ensure that all clinics were contracted prior to dosing 10 of 10 new patients admitted since September of 2009.</p> <p>Findings include:</p> <p>The consent and verification for dual enrollment form was reviewed. The form listed nine facilities. One of the facilities was no longer in operation and a clinic that opened in September of 2009 was not listed on the form.</p> <p>The program sponsor reported she had updated the form, but staff were not using the new form.</p> <p>The files for Patient #5 and #6 contained consent and verification for dual enrollment forms that were blank.</p> <p>Severity: 2 Scope: 3</p>	N174		

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